

Appendix 14

Prior Authorization Checklist

Use this as a “last minute check-list” to ensure that you have the correct documentation included with your prior authorization (PA) request and in your records.

Avoid clerical returns. Make sure the:

- ✓ Medicaid provider number is correct.
- ✓ Entire billing address is completed.
- ✓ **Recipient’s Medicaid ID (10 digits) number is correct.**
- ✓ Total charges (Element 21 on the PA/RF) are included. Use your usual and customary fee.
- ✓ Requested start date is on the PA/RF to the right of the provider signature.
- ✓ Required forms and attachments are all included.

New Requests	Renewal Requests	Amendments
1) PA/RF 2) HCAF 3) 485/Physician Orders	1) PA/RF 2) HCAF - OR, Update with attachments 3) 485/Physician Orders	1) Amendment Form 2) Copy of Original PA/RF 3) Updated physician’s orders/Plan of Care 4) HCAF OR Update with attachments

PA/RF: Prior Authorization Request Form

485: HCFA 485 – Health Care Financing Administration form #485 - Physician Plan of Treatment

HCAF: Wisconsin Medicaid Home Care Assessment Form

Update: Update to the Wisconsin Medicaid Home Care Assessment Form

Attachments: Any pages of the HCAF that document any changes in the recipient’s condition.

The calendar in Element 12.1 showing the increase or decrease in hours should be included.